Aha Macav Housing Entity

Low Rent Application Process

Thank you for your interest in applying for Low Rent Housing. Please make sure to include all documents highlighted on the housing application. This will ensure that your application can be processed in a timely manner.

Below is a checklist to ensure documents are enclosed with your application.

- Completed Application (Mailing address if home address)
- Please list whether you are interested in HUD Housing or Tax Credit or no preference.
- CIB (Certification of Membership) For everyone listed in your household (From Tribal Enrollment Department)
- Social Security Card(s)
- Income from everyone in household (at least two (2) check stubs)
- Authorization of Release of Information (everyone over the age of eighteen (18) years of age. (Make copies of application)

Please submit all documents at the same time. Incomplete applications will not be processed until all information is received.

All applicants over the age of eighteen (18) listed must pass a background check.

Should you be found eligible for the Aha Macav Housing Waiting List you will be placed at the bottom of the list.

If any of your information changes – phone number, mailing address, household composition you must notify the Housing Office.

Thank you

Aha Macav Housing Entity Staff



Aha Macav Housing Entity 4000 Roosevelt Drive Mohave Valley, AZ 86440 Phone: (928) 346 - 1322 Fax: (928) 346 - 1612

LOW RENT HOUSING APPLICATION

(Please Print)

(Please check one of the above)

HOMEBUYER

Date:		
Name:		
Address:		
City:	State:	_ Zip:
Home Phone: ()	Work: ()	
Cell Phone: ()	Message Phone: ()	
DOCU	MENTS NEEDED FOR INTERVI	EW:

 CIB (Certificate of Membership) For Everyone listed in your household (From Tribal Enrollment Department)

Check StubsUnemployment Benefit LetterAddress of EmployerAddress of Office

LOW RENT ____

Veteran Award Letter
 VA Office

Social Security Award Letter
 Address of Social Security Administrative Office

AFDC / TANF Letter Address of Department of Economics Security Office

For everyone listed in your household
Social Security Card(s)
For everyone listed in your household

Note: The AMHE waiting List is updated quarterly with applicants who have submitted all needed documents and meet the eligibility requirements. All applicants must update their application every six months to remain active on the waiting list. All Applicants must pass a background check.

MEMBERS OF HOUSEHOLD

(Please print and complete all sections):

List Head of Household (HOH) and relationship of members of HOH. List all Dates of Birth, Social Security Numbers, Name of Tribe and Enrollment Numbers.

	RELATIONSHIP TO HOH	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TRIBE AND ENROLLMENT NUMBER
•				
Signature of H	ead of Household			Date



Aha Macav Housing Entity

4000 Roosevelt Drive PO Box 6154 Mohave Valley, AZ 86440 Office: (928) 346-1322

Fax: (928) 346-1612

AUTHORIZATION FOR RELEASE OF INFORMATION

By execution of this document, I hereby authorize the Aha Macav Housing Entity or its agent to make such investigations into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information you. This release of authorization is good for one year.

pplicant (Print Name)	Date